

## **MINUTES**

Monday, December 5, 2005

### State Planning Project for the Uninsured Advisory Council Meeting

Michigan Manufacturers Association  
620 S. Capitol Avenue  
Lansing, Michigan 48901

**Members Present:** Chris Allen, Detroit-Wayne County Health Authority; Elaine Beane, Center for Advancing Community Health (ex-officio member); William Black, Michigan Teamsters Joint Council #43; Debra Brinson, School-Community Health Alliance; Jan Christensen, MDCH; Martin Dodge, Kalamazoo Regional Chamber of Commerce; Paul Duguay, Michigan Association of Health Plans; Marge Faville, SEIU #79; Steve Gools, AARP of Michigan; Denise Holmes, MSU, School of Medicine; Mary Ellen Howard, Free Clinics of Michigan; Jan Hudson, Michigan League for Human Services; Spencer Johnson, Michigan Health & Hospital Association; Kevin Kelly, Michigan State Medical Society; Marjorie Mitchell, Michigan Universal Health Care Action Network; Colette Scrimger, Access to Care Community Coalition; Kevin Seitz, Blue Cross Blue Shield of Michigan; Amy Shaw, Michigan Manufacturer's Association; Kim Sibilsky, Michigan Primary Care Association; Kimberly Singh, Michigan Association for Local Public Health; Stephen Skorcz, Greater Flint Health Coalition; Hollis Turnham, Paraprofessional Healthcare Institute (ex-officio member)

**Alternates Present:** Sarah Fink, Michigan Health & Hospital Association; John Freeman, SEIU Local # 79; David Green, Michigan Universal Health Care Action Network; John Kerr, Greater Detroit Area Health Council; Dennis Paradis, Michigan Osteopathic Association; Ed Wolking, Jr., Detroit Regional Chamber; Lynda Zeller, Alliance for Health; Jane Zwiers, Free Clinics of Michigan

**Others Present:** Tameshia Bridges, Paraprofessional Healthcare Institute; Jackie Doig, Center for Civil Justice; Eileen Ellis, Health Management Associates; Michael Kobernick; Sheryl Lowe, BCBSM; Cherie Mollison, Office of Services to the Aging; Michelle Munson-McCorry, Complete Compassionate Care; Rick Nowakowski, Wayne County Four Star; Gary Petroni, SEMHA/CPH; Valerie Przywara, Henry Ford Health System; Paul Reinhart, MDCH; Don VeCasey, Michigan Consumer Healthcare Coalition; Scott Woods, Priority Health

**MDCH Staff:** William Hart, Lonnie Barnett, Ken Miller, Angela Awrey, Umbrin Ateequi

- I. **Welcome and Introductions:** Co-chairpersons Jan Christensen and Kevin Seitz called the meeting to order. Jan Christensen welcomed all attendees. Introductions were made around the room.
- II. **Approval of Agenda:** The agenda was approved by consensus.
- III. **Approval of October 19<sup>th</sup> Minutes:** The minutes were approved by consensus.
- IV. **Project Update:** Lonnie Barnett reminded the Advisory Council of the project's charge and goals, and updated members as to where the project has been, and where it is going. The report from the Household Survey will be available in a few weeks. The Household Survey executive summary is included in the meeting packet. There are focus groups that are currently being conducted with the uninsured. Eleven town hall meetings have been scheduled, 10 of the 11 have taken place. The 11<sup>th</sup> town hall meeting will take place in Macomb County. Details will be emailed out. This is the final town hall meeting.
- V. **Reports from workgroups**
  - a. **Data Synthesis**
    - i. Update from Workgroup Facilitator: Elaine Beane gave a brief overview of the work that the group has done thus far. They have been reviewing data from the Household survey report. Preliminary data from the Employer Survey will be presented to them next week.

The workgroup is assisting project staff in responding to data requests. Additionally, they are putting together resource materials for a scan of the healthcare safety net.

- ii. Preliminary findings from the Employer Survey: Elaine Beane presented a preliminary review of some of the data from the Employer Survey. The Advisory Council was given a copy of the survey instrument, which is also available on the project website. The survey seeks information on the difficulties and issues facing employers in offering health insurance to their employees. The survey has basic questions for all employers, and specific questions for employers who offer health insurance and employers who do not offer health insurance. The presentation included information about employer demographics and the reasons why health insurance is offered or not offered. Information about the types of health insurance being offered by employers will be available at a later date. Twelve thousand surveys were mailed to employers, with a cover letter. Employers could also fill out the survey on-line or on the phone, or request that it be faxed to them. After extensive follow-up phone calls and community-based local follow-up in some parts of the state, a ten percent response rate has been achieved (1,261 surveys completed). About twice that many surveys are counted as definite refusals, and the remainder (about 8,500 surveys) are either invalid Dun & Bradstreet listings or instances in which follow-up was not successful. Additional data from the preliminary report will be made available to the Advisory Council at the next meeting.

b. Community Interface:

- i. Update from Workgroup: Lonnie Barnett reminded the Advisory Council about the previous discussion about the town hall meetings.
- ii. Highlights: Michigan's Health Care Listening Tour: Many of the Advisory Council members have attended the town hall meetings. The floor was open to comments or observations from those who attended those meetings. Lonnie informed the Advisory Council that Ellen Speckman-Randall will be putting together a report from all 11 town hall meetings which will be presented to the Advisory Council at a later date.

c. Models Development

- i. Update from Workgroup Facilitator: Hollis Turnham gave a brief overview of what the workgroup has been focusing on. About 30 to 40 people attend the Models Development Workgroup meetings every other Wednesday to analyze potential models for getting to the goal of 100% coverage. Hollis reminded the Advisory Council that the workgroup has not discussed financing at this time and it has just begun putting all the models together. They are looking for guidance from the Advisory Council. Handouts were provided in the meeting packet for the Advisory Council. The next two meetings are December 7<sup>th</sup> and December 21<sup>st</sup>.
- ii. Presentations of proposals: Workgroup members Jackie Doig and Tameshia Bridges presented the model for expanding publicly subsidized coverage for low income adults. Jackie Doig indicated that there is a correction on page 3 of the handout -- the bottom slides label should read 40% federal and 60% state. Jackie described the model to the Advisory Council and Tameshia went into greater detail. Cherie Mollison from the Pooling subgroup presented the model of Buy-in to State Employees' Health Care Plan. Subgroup members felt that this model might lead to administrative savings. Bruce Miller and Lynda Zeller presented the model on Expansion of County Health Plans,

which would expand basic coverage for low-income adults. Gary Benjamin and Dr. Margaret Meyers presented the Universal Coverage model.

- VI. **Discussion/Feedback to Models Development Workgroup:** Considerable discussion followed on the models that were presented. However, due to time constraints, members were asked to keep their comments brief to allow more members to provide comments. Members expressed concern that more time was needed for discussion.

The issue of financing for health insurance expansion was also discussed, with concerns raised about how to finance an expansion with either new or existing dollars.

Some members expressed support for public insurance expansion for low-income adults, although other members reminded the group of the need to address this issue for all of the uninsured.

Co-chairperson Jan Christensen summarized the discussion with the following key points: 1) We like the idea of having everyone covered in 3 to 5 years, in a way that helps everyone – the people, providers, and payers. 2) We want to bring more federal participation into the system, as currently Michigan is a donor state. 3) We want to design a system that allows people to participate, but does not make it a burden on the employer. We want to partner with employers in designing a solution. 4) Our recommendations need to be politically reasonable and doable. 5) We haven't yet addressed the issue of the finance system other than drawing additional federal dollars.

Jan also commented that there have been discussions for the past two years in Michigan regarding Medicaid rates, at that expanding Medicaid at the current rates is not financially sustainable in Michigan. There has been some testimony over the past 3 meetings that individuals have a responsibility and that we need to empower them to take responsibility for reducing chronic care costs.

Jan reiterated that the step that we need to take in the next year is one that is tangible, definitive, and can push the number of people that have access to coverage by a sizable amount, so that we can show that we are making a difference. That step has to be a doable step that also keeps us on the path towards coverage for everyone.

Additional discussion followed regarding the process for the group to move forward, available expert resources, and how to reach consensus. In response, Jan recommended that a smaller group of members meet prior to the next full meeting of this council to provide advice on designing a process for moving forward, assuring that all ideas are vetted, and that we are moving toward consensus. 80% consensus is needed.

- VII. **Public Comment:** None

- VIII. **Other Business:** None

- IX. **Adjourn:** The meeting adjourned at 3:30pm.

**Next Meeting: January 18, 2005, 10 am-4pm.**